

Appendix 14

Provider Suggestion Form

The Department of Health and Family Services is interested in improving its program for providers and recipients. Providers who feel any policy or procedure stated in the provider handbooks should be revised or who wish to suggest new policies are encouraged to submit recommendations.

Provider Name: _____ **Provider Number:** _____

Address: _____ **ZIP code:** _____

1. This suggestion deals with the following policy issue:

(Please use a separate sheet for each policy being discussed. If the policy is specifically cited in the handbook section, record the page on which the policy is stated.)

Handbook Name: _____ **Section:** _____ **Page:** _____

2. The above policy, or lack of policy, is causing the following problem(s):

3. The problem(s) discussed in (2) might be alleviated or eliminated by implementing the following suggestions:

Please use the reverse side of the page if more space is needed. Attach additional pages if needed.

Send completed sheets to:

Bureau of Fee-For-Services Health Care Benefits
Division of Health Care Financing
PO Box 309
Madison, WI 53701